for staff use
date received:
control number:

# MICHIGAN COUNCIL FOR ARTS AND CULTURAL AFFAIRS FY 2007 Minigrant Application This application must be submitted by the deadline to be considered for funding. Before preparing the application read Minigrant

This application must be submitted by the deadline to be considered for funding. Before preparing the application read Minigrant Guidelines and Application Instructions. Codes needed to complete your application are listed on pages 14 & 15 of the Minigrant Guidelines. (Authorized by Exec. Order 1991-92.) **APPLICATION FORM REVISED 03/05** 

Organization's Legal Name			Other Commo	n Name, if app	olicable		
Organization's Official Mailing Address	ization's Official Mailing Address						Zip code
Organization's Telephone Number	Fax Numb	er	Office Hours	Organiza	tion's Co	ounty Name	County Code
Authorized Official's Name and Title (I	May NOT be P	roject Director)		Organizati	ion's Web	osite (URL), if	applicable
Board Chairperson (MAY be Authoriz	zed Official)		Board Chair's	Address <u>&amp; Te</u>	lephone l	Number	
Federal Identification Number		Status Code	Institution Cod	de	Organ	ization's Disc	ipline Code
U.S. Representative					District	t Number	
State Senator					District	t Number	
State Representative					District	t Number	
ECTION 2: PROJECT INFOR Project Title	MATION			Start Date		End Dat	ie
Project Director's Name and Title (Ma	y NOT be Auth	norized Official)		Project Direct	or's Emai	il Address	
Project Director's Address			City			Zip Cod	e
Project Dir.'s Daytime Phone Off	fice Hours	Project's Dis	scipline Code	Project's Prir	nary Cou	nty Name and	Code
Have you applied, or are you planning grant), for this project, or any overla Yes* No Grant Program * NOTE: If you are awarded BOTH grants	p with this pro	pject? If Yes, which	h grant program?	Humanities T	ouring	If Yes, for ho	w much funding
Are you applying to any State of Michig department for support of this project?  Yes No	gan agency or		hich agency or de	partment?		If Yes, for ho	w much funding'
ECTION 3: PROJECT BUDG	ET SUMMA	RY					
Total Match (Copy Box 1A)	Tota	al Income (Copy Bud	Iget Line 12)	Total	Expenses	s (Copy Budge	t Line 22)
Minigrant Request (Copy Budget Line	9) <b>T</b> (	otal Income mus	t = Total Exper	nses; Matc	hing Fu	nds Test m	ust be met
ECTION 4: PARTICIPANT ST							
	Pollars to Michig	an Artists	Total Artists Part	icipating	Do	llars to All Arti	sts
umber of Individuals Benefiting							

Application Form, Page 2: PROJECT BUDGET

You must complete this form. It must be typed, complete, and accurate. Round dollars to the nearest whole dollar (do not include cents) and be sure that the budget balances. Breakdown the parts that make-up •Totals• in each Line below in the Budget Itemization (Attachment 2).

PROJECT INCOME	CASH	IN-KIND	
EARNED INCOME:			
Line 1 Total Admissions			
Line 2 Total Other Earned Income			
Line 3 TOTAL EARNED INCOME (A	Add Lines 1+2)		
UNEARNED INCOME:			
Line 4 Total Private Support (Corp, Fndn.,Indiv.)			
Line 5 Total Public Support (All Gov't. Grants)			
Line 6 Total Other Unearned Income			
Line 7 Applicant Cash			
Line 8 TOTAL UNEARNED INCOME (Add Lines 4+5+6+7)  Line 9 MINIGRANT REQUEST (Amount you are asking for)			
Line 10 TOTAL CASH INCOME (Add Line 3 + L	Line 8 + Line 9)		
Line 11 TOTAL IN-KIND SUPPORT (Copy	y from Line 21)	 	
Line 12 TOTAL PROJECT INCOME (Add Line	e 10 + Line 11)		

PROJECT EXPENSES	CASH	IN-KIND
Line 13 Total Employee costs (Admin.+Artist.+Tech.)		
Line 14 Total Non-Employee costs (Admin.+Artist+Tech.)		
Line 15 Space Rental		
Line 16 Travel		
Line 17 Marketing, Promotion, Publicity		
Line 18 Capital Expenses and Acquisitions		
Line 19 Total Other Expenses		
Line 20 <b>TOTAL CASH EXPENSES</b> (Must equal Line 10) Add Lines 13-19, Cash Column		↓
Line 21 <b>TOTAL IN-KIND EXPENSES</b> (Must equal Line 11)  Add Lines 13-19, In-Kind Column	)	
Line 22 TOTAL PROJECT EXPENSES (Must equal Line1 Add Lines 20 + 21	2)	•

Applicant Organizations Name	

## **Application Form, Page 3: Total Match, Matching Funds Test, and Assurances**

Using Project Budget information (Application Form, Page Two), complete the following:

TO	TAL MATCH	Add Line 3 + Line 8 + Line 11	BOX 1A		
			_		•
MA	TCHING FUNDS TEST	Enter Minigrant Request (Copy from Line 9)	BOX 1B		
		Multiply Line 1B by 2, and enter in Line 2B	BOX 2B		
		Enter Total Expenses (Copy from Line 22)	вох зв		
Tes	st: The Number in Box 3	B (Total Expenses) <u>must be equal to or greater</u>	than the nur	nber in Box 2B.	
		Project Budget, Total Match, and Matching Fund on Form, Page One, Section 3).	s Test (abov	re), complete the l	³roj∈
	ASSURANCES	Your organization's Authorized Official must sign the the original signature of an individual with legal and		•	

If a grant is awarded, the applicant gives assurance that:

- A. grant funds will be administered by the applicant,
- B. funds received under this grant will not be used to supplant funds normally budgeted for same and that funds received will be used solely for contracted Minigrant activities,
- C. the applicant has read and will conform to the Minigrant guidelines,
- D. the filing of this application by the undersigned individual who is officially authorized to represent the applicant organization, has been duly approved by, or will be approved by the governing board of the applicant organization.

The filing of this application was approved by the applicant organization's governing board on

enter date board approved your filing of this application

or

The filing of this application is scheduled to be approved by the applicant organization's governing board on

enter date board will approve your filing of this application

Authorized	Official	(May	NOT	be the	Project	Director)	)

Type Name

Signature date Assurances was signed

If the filing of this Minigrant application has not yet been authorized by your governing board, notify your Regranting Agency of the action taken as soon as possible. If notification is not received prior to application review, your project may not be recommended for funding.

<b>Applicant Or</b>	ganizations Name:	
Applicant Or	ganizations Name:	

### **Application Form, Page 4: CHECKLIST**

The following forms and attachments make up your application packet. As you are assembling and checking-off the following items, be sure that you include the minimum number of pages, but not more than the number of pages allowed. See Page 13 of the MCACA Minigrant Guidelines, for complete instructions on assembling and mailing your application.

PLEASE USE BOXES (☐) NEXT TO EACH ITEM BELOW, TO CHECK-OFF (✓) THE NUMBER OF PIECES THAT YOU INCLUDE IN YOUR APPLICATION PACKET.

APPLICATION FORM
You must submit the original 4-page MCACA Minigrant application form plus 4 copies of the form (5 total).
Be certain that each section of each page is complete and accurate.
Page One (Cover page) 🖵
Section 1: Applicant Organization Information
Section 2: Project Information
Section 3: Project Budget Summary
Section 4: Participant Statistics
Page Two (Project Budget page) 🖵
Page Three (Total Match, Matching Funds Test, and Assurances) □
Page Four (Checklistthis page) 🗖
REQUIRED ATTACHMENTS
The following must be attached to each application form. Be certain that each is complete and accurate:
Attachment 1: Project Narrative (No more than 3 pages)
Attachment 2: Budget Itemization (No more than 2 pages)
Attachment 3: Proof of Non-Profit Status (1 page)
Attachment 4: Board of Directors List (No more than 1 page)
Attachment 5: Project Director's Resume or Bio Information (No more than 1 page)
Attachment 6: Artist(s) Resume or Bio Information (No more than 1 page, per artist)
Attachment 7: Current Letters of Support (At least 3, but no more than 6 letters)
Attachment 8: Organizational Profile (No more than 1 page)
OPTIONAL ATTACHMENTS: Support Materials (No more than <u>5</u> items, total)
The following may be attached to EACH of the application packets, and are encouraged, but not required: items such as brochures, programs, reviews, newsletters, artists' multi-page curriculum vitae, etc.)
Attachment 9: Support Materials (No more than 5 items)

### KEEP COPIES OF EVERYTHING YOU SUBMIT. Mail your application packet to:

Attention: Carolyn Keith. Grants Manager Minigrants/Arts & Grants Division City of Detroit - Detroit Recreation Department 65 Cadillac Square, Suite 3900 Detroit, Michigan 48226